

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	1				
3						
4						
5						
6						
7						
8		2				
9		1				
10						
11		2				
12		2				
13		2				
14		2				
15	1					
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	24					
TOTAL CLAIMS	27					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS